



Meeting Agenda  
**CMHOC Board of Directors**  
Board Room – 12220 Fillmore Street, West Olive, MI 49460  
Monday, June 28, 2024 – 9:00 am

[Join Zoom Meeting](#)

Meeting ID: 821 0477 2110

Passcode: 527308

Dial: 1 (301) 715-8592

1. CALL TO ORDER – Chair

2. INVOCATION

3. CMHOC MISSION AND VISION STATEMENT

**Mission Statement:** *Community Mental Health of Ottawa County partners with people with mental illness, intellectual/developmental disabilities and substance use disorders and the broader community to improve lives and be a premier mental health agency in Michigan.*

**Vision:** *Community Mental Health of Ottawa County strives to enhance quality-of-life for all residents.*

4. PUBLIC COMMENT

5. CONSENT ITEMS

**Suggested Motion:** To approve by consent the following items:

- a. Agenda for June 28, 2024, CMHOC Board of Directors Meeting
- b. Minutes for the June 3, 2024, CMHOC Board of Directors Meeting

6. INTERIM EXECUTIVE DIRECTOR’S REPORT – Dr. Michael Brashears

7. PRESENTATION

**Parent Advisory Workgroup (Attachment A)** – Rosalie Austin, Steve Johnson, & Sue Stone

8. OLD BUSINESS

9. NEW BUSINESS

**Presentation: Conflict Free Access and Planning (CFAP) (Attachment B)** – Dr. Michael Brashears and Alan Bolter, Associate Director of CMHAM

**June 2024 Service Contracts (Attachment C)** – Bill Phelps

**Suggested Motion:** To approve the June 2024 service contracts as presented.

**FY2024 May Financial Statement (Attachment D)** – Amy Bodbyl-Mast

**Suggested Motion:** To approve the FY2024 May Financial Statement as presented.

**FY2024 Budget Adjustment (Attachment E) – Amy Bodbyl-Mast**

***Suggested Motion:*** To approve the FY2024 Mid-Year Revenue Adjustments as presented.

**FY2024 April LRE FSR (Attachment F) – Amy Bodbyl-Mast – Information Only**

**FY2025 Position Requests – Dr. Michael Brashears**

10. GENERAL INFORMATION, COMMENTS, AND MEETINGS ATTENDED

11. PUBLIC COMMENT

12. ADJOURN



Meeting Minutes (proposed)  
**CMHOC Board of Directors**

Board Room – 12220 Fillmore Street, West Olive, MI  
Monday, June 3, 2024 - 9:00 am

**In Attendance:** Thomas Bird, Donna Bunce, Gretchen Cosby, Christian Kleinjans, David Parnin, Sylvia Rhodea, Stephen Rockman, Beth VanHoven, Kendra Wenzel, Robin Wick

**Absent:** Steven Savage

**Staff:** Anna Bednarek, Amy Bobdyl-Mast, Dr. Michael Brashears, Chelsea Clark, Bill Phelps, Amanda Westrate

CALL TO ORDER – Chair

Gretchen Cosby, CMHOC Board Chair, called the CMHOC Board Meeting to order on June 3, 2024 at 9:04 am.

INVOCATION

Gretchen Cosby: In lieu of an invocation, there was a moment of silence for Kira Rockman.

CMHOC MISSION AND VISION STATEMENTS

Gretchen Cosby noted the CMHOC Mission and Vision Statements

PUBLIC COMMENT

Barbara Lee VanHorsen- City of Grand Haven  
Krista Mason- Holland

**New Motion:** To amend today's agenda and move Agenda Item 8 to Agenda Item 5 introducing the Interim Executive Director. All other items will fall sequentially.

Moved by: Cosby

Supported: Rhodea

MOTION CARRIED

**Interim Executive Director's Report** (*Attachment A*) – Dr. Michael Brashears

-Dr. Brashears discussed State Level Issues, CMHA, Regional Entity, and CMHOC. The Board discussed analyzing future needs, education about Conflict Free Access and Planning (CFAP), and reviewing current labor statistics. Gretchen Cosby discussed the Executive Transition Committee Process to appoint a new Executive Director.

-Gretchen Cosby stated due to currently having an Interim Executive Director, and we have 2 candidates in the running, the Executive Committee did meet and was directed to develop a transition plan. This plan was submitted to and accepted by MDHHS. MDHHS will be notified of the selection upon approval of the board.

1. In accordance with CMHOC Board Policy 21.10 (Succession Planning and Leadership Development)- The executive committee will appoint an Executive Transition Committee to

be comprised of 5 total CMH Board Members.

2. At least 2 of the 5 board members of the Executive Transition Committee will be family members of primary consumers receiving services at CMHOC. The committee consists of Thomas Bird, Donna Bunce, Gretchen Cosby, David Parnin, and Beth VanHoven
3. The Executive Transition Committee will follow the CMHOC Board Policy 21.10 (Succession Planning and Leadership Development), Section 4.
4. On June 28, 2024, directly following the scheduled CMHOC Board Meeting, CMHOC will hold an open stakeholders and public input meeting. Community members will be invited to speak and ask questions of the candidates.
5. The Executive Transition Committee will make a recommendation to the CMHOC Board regarding the appointment of a new Executive Director. It will be brought to the Board for a vote at the next CMHOC Board of Directors Meeting on July 26, 2024.

### CONSENT ITEMS

CMH 24-033 Motion: To approve by consent the following items:

- a. Agenda for the May 24, 2024 (rescheduled to June 3, 2024) CMHOC Board of Directors Meeting.

Moved by: Rhodea

Supported: Parnin

MOTION CARRIED

- b. Minutes for the CMHOC Board of Directors Meeting on April 26, 2024.

Moved by: Rhodea

Supported by: Parnin

MOTION CARRIED

Discussion:

-Gretchen Cosby discussed communication received from MDHHS. (*Attachment B*)

### OLD BUSINESS

#### **Millage Steering Committee - Social Recreation Program Contract Extension**

CMH 24-034 Motion: To continue funding for Heritage Homes, Inc., IKUS R.E.C. Connect, Pioneer Resources, and Momentum Center Social Recreation Programs until 9/30/24. It is further recommended that the above-mentioned Social Recreation programs must reapply and be approved via the RFP process for continued millage funding after 09/30/24.

Moved by: Bird

Support: Parnin

MOTION CARRIED

### NEW BUSINESS

#### **May 2024 Service Contracts – Bill Phelps**

CMH 24-035 Motion: To approve the May 2024 service contracts as presented.

Moved by: Rhodea

Support: VanHoven

**ROLL CALL VOTE:**

Yes: Wenzel, VanHoven, Bird, Bunce, Cosby, Rhodea, Wick, Parnin, Kleinjans

No: Rockman (abstained)

MOTION CARRIED

**FY2024 April Financial Statement – Amy Bodbyl-Mast**

CMH 24-036 Motion: To approve the FY2024 April Financial Statement as presented.

Moved by: Parnin

Support: Bird and Bunce

**ROLL CALL VOTE:**

Yes: Rockman, Wenzel, VanHoven, Bird, Bunce, Wick, Cosby, Parnin, Kleinjans

No:

MOTION CARRIED

**FY2024 March LRE FSR – Amy Bodbyl-Mast – Information Only**

*No Discussion*

**Mental Health Millage Funding – Amy Bodbyl-Mast**

CMH 24-037 Motion: To approve the 2024 Mental Health Millage at the maximum allowable mils and forward to the Ottawa County Board of Commissioners.

Moved by: Wenzel

Support: Kleinjans

MOTION CARRIED

**Discussion: Adoption of a Resolution to Oppose MDHHS Decisions to Implement Conflict Free Access and Planning (CFAP) in Michigan**

-Dr. Brashears discussed CFAP and is continuing to review the impacts on CMHOC. Dr. Brashears plans to share more information at the next CMHOC Board Meeting on June 28, 2024.

GENERAL INFORMATION, COMMENTS AND MEETINGS ATTENDED

No Discussion

PUBLIC COMMENT

Barbara Lee VanHorssen- City of Grand Haven

Sheila Dettloff- Holland Township

Rosalie Austin- City of Holland

ADJOURN

Gretchen Cosby adjourned the June 3, 2024, CMHOC Board of Directors meeting at 11:21 am.

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Gretchen Cosby, Board Chair

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Thomas Bird, Secretary



Community Mental Health of Ottawa County  
Executive Directors Report  
Dr. Michael Brashears, Interim Executive Director  
06/03/24

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The following is the Executive Directors report for the month of May 2024.

### **State Level Issues**

1. Conflict -Free Access and Planning (Please attachment giving an overview of the problem and why we should oppose it). The Community Mental Health Association of Michigan (CMHA) has asked every CMH Board to pass a resolution opposing the Michigan Department of Health and Human Services (MDHHS) method of implementing Conflict-Free Access and Planning. **My Position: We support Conflict-Free Access and Planning but oppose MDHHS proposed method of implementation.** We will discuss more in detail over the next few weeks.
2. Waskul Settlement: Proposed MDHHS Settlement that would increase Direct Worker Hourly Salary to \$31.00 per hour for Consumers on the Habilitation Waiver and Self-determination. See Attachment for details.

### **Community Mental Health Association of Michigan (CMHA)**

1. CMHA Weekly Update: [Weekly Update 5/31/24 \(mailchi.mp\)](#) This link takes you to the CMHA weekly update page outlining the above forementioned Conflict-Free Access and Planning issues and several other statewide issue. **Please check it out.**
2. CMHA Summer Conference June 11<sup>th</sup>-12<sup>th</sup> Traverse City. **Please see the flyer and we really need to have Board Representation at the conference.**
3. CMHA BoardWorks Training. **CMHA offers Board member training and certification for CMH Board Members.** This is something that we should have all board members participate in and certified. Below is the link for more information. I conducted the session on ethics for several years and it is a very good training. Here is the link: [BoardWorks • CMHAM - Community Mental Health Association of Michigan](#)

### **Regional Entity**

1. Attended Regional Entity Board meeting where the primary focus was Autism services and the addressing waitlist. MDHHS has sent a letter to N180 informing them that they need to eliminate their waitlist by 10/01/24 or the Region will need to step in and address the issue. CMHOC is in the process of determining how many

Consumers are on our waiting list and what type of service they are waiting for. Will provide a report at the next Board meeting.

2. I will be meeting with the Executive Director of the LRE and will provide an update at the next Board meeting.

## **CMHOC**

1. Interim Executive Director Decision Making Principles

As interim director it can be very difficult to know the limits and depth of decision making. One needs to be careful not to make decisions that fundamentally change the structure, process, and outcomes of the organization. The following are decision making principles I will be utilizing during the interim timeframe.

### **Principles**

- A. Prioritize decisions based on urgency and risk.
- B. Limit decision making to those that have a low impact to the current strategic plan or defined interim timeframe.
- C. To the degree possible, utilize a consensus model of decision making with the CMH Leadership group and CMH Board.
- D. Address current organizational needs based on a current examination of need (Systems Look, SWOT Analysis).
- E. Prioritize decisions that are budget neutral.
- F. Ensure that decisions are in-line with Consumer Choice and Recipient Rights

***The application of the above-mentioned principles can be best served via answering the following questions:***

- A. Is the decision in response to urgent/emergent need or risk?
- B. Is the current decision in-line with the current strategic plan?
- C. Does the decision require consensus from the CMH Leadership and/or CMH Board?
- D. Is the decision budget neutral?
- E. Is the decision based on the results of a current systems look or SWOT analysis?
- F. Does the decision uphold Consumer choice and Recipient Rights?

2. S.W.O.T Analysis

Per the Board By-Laws that require a S.W.O.T analysis, when there is a change in executive leadership, I have begun the process and have conducted an initial S.W.O.T analysis with the CMH Leadership group. The results will be compiled and presented to the Board. I will be reaching out to the Board, Consumers, Guardians, and County Departments to obtain additional information to be included in the S.W.O.T Analysis.



3. Meeting Staff and Visting Sites

I have met with over 70 employees over the past two weeks and have been to multiple sites and have been warmly welcomed. I intend to visit all sites by the end of next week.

4. Parent Advisory Group

I had the honor of meeting with the Parent Advisory Group this week and listened to concerns related to Self-Determination and Access to services. The group stated that much progress has been made over the past two years. I will be meeting with them soon to review and/or develop milestones and key indicators that address their concerns. The Parent Advisory Group is scheduled to present at the next Board meeting.

5. Initial observations over the past two weeks

- a. Good Morale and a dedication to serve
- b. Lack of space to perform services and meet obligations
- c. Extremely high caseloads (70-150)
- d. Lack of capacity to manage our obligations
  - i. 1.0 RR officer
  - ii. Compliance Department
  - iii. IT
  - iv. Access
  - v. Finance
  - vi. Utilization Management
- e. Residential Services
  - i. Rate Development and Consistency
  - ii. Not covering the basic cost of care
  - iii. Lack of Behavioral Supports
  - iv. Incident Report Tracking

**I am initiating a Residential Services Review to address the above states issues and will have a report to the Board by the next Board meeting.**



**Amanda Westrate**

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**From:** Gretchen Cosby  
**Sent:** Monday, June 3, 2024 10:13 AM  
**To:** Amanda Westrate  
**Subject:** FW: Department Approval for CMH Executive Director - Clarification Request  
**Attachments:** MDHHS Doyle Resignaton 042224.docx.pdf

**Importance:** High

Please include this email from DHHS regarding the new expectations for interim Executive Director appointment timeline.

Thank you,

Gretchen Cosby  
Board Chair, Community Mental Health of Ottawa County  
**Gretchen Cosby MSN, RN | County Commissioner, District I**  
[Subscribe to County News](#)  
12220 Fillmore Street | West Olive, Michigan 49460 | 616-980-7773



Ottawa County

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**From:** Zabor, Amanda (DHHS) <ZaborA@michigan.gov>  
**Sent:** Tuesday, April 30, 2024 9:49 AM  
**To:** Anna Bednarek <abednarek@miottawa.org>; Gretchen Cosby <gcosby@miottawa.org>; Patricia Genesky <pgenesky@miottawa.org>  
**Cc:** Glud, Michael (DHHS) <GludM@michigan.gov>; Sproat, Jackie (DHHS) <SproatJ@michigan.gov>; Jordan, Kristen (DHHS) <JordanK4@michigan.gov>  
**Subject:** RE: Department Approval for CMH Executive Director - Clarification Request  
**Importance:** High

Good morning,

**Summary**

Thank you for informing MDHHS of Lynne Doyle's pending retirement. We are also in receipt of an email from Patricia Genesky on April 26 with the attached letter which is dated April 22. That letter indicates that there is a change in your Medical Director as well, effective December 2023.

Part II: Statement of Work; Section 6.0 CMHSP Organizational Structure and Administrative Services, 6.2 Administrative Personnel specifies that the CMHSP will provide written notification to MDHHS of any changes in senior management positions within seven (7) days. Those senior management positions include the CEO/Executive Director, the Medical Director, and the Recipient Rights Officer.

Please make note of this requirement for future reporting of senior management vacancies to ensure MDHHS is notified within seven (7) days.

### **MDHHS Expectations and Action Required**

The expectation from MDHHS are as follows:

1. CMH of Ottawa County will follow all contract requirements, including timely reporting of senior management position vacancies.
2. CMH of Ottawa County will appoint an interim CEO promptly. The contract requires Ottawa to send to MDHHS the interim CEO's resume for a qualification check and MDHHS approval, whether that position is being filled as temporary/interim, or permanent. This is to ensure that the CEO meets the qualifications established by the Administrative Rule to hold the position.

### **Supporting documentation**

#### **1. Michigan Mental Health Code**

- Section 330.1226 Board; powers and duties; appointment of executive director; reimbursement to program providing assisted outpatient treatment services.

Sec. 226.

(k) Subject to subsection (3), appoint an executive director of the community mental health services program who meets the standards of training and experience established by the department.

(l) Establish general policy guidelines within which the executive director shall execute the community mental health services program.

(m) Require the executive director to select a physician, a registered professional nurse with a specialty certification issued under section 17210 of the public health code, 1978 PA 368, MCL 333.17210, or a licensed psychologist to advise the executive director on treatment issues.

#### **2. Michigan Administrative Code Regulations**

- R 330.2081 Education and experience of a county director.

*Rule 2081.*

1. *The county director of a county community mental health program shall meet the education and experience requirements specified in either of the following provisions:*

- a) *Be a physician, psychologist, social worker, registered nurse, or other human services professional who has at least a master's degree, 3 years of professional experience in his or her field of training, and 1 year of experience in the administrative supervision of mental health programs.*
- b) *Be a person who possesses at least a master's degree in a field of management relevant to the administration of a county community mental health program with 3 years of professional experience in management and 1 year of experience in the management of human services programs. The areas of community mental health administration, hospital administration, public administration, institution management, business administration, or public health are deemed to be relevant fields of management.*

#### **3. Establishing Administrative Costs Within and Across the CMHSP System**

- 2.1 General Management Functions

The four (4) chief officers (Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Information Officer) shall be 100% dedicated to the general management functions of the entity.

### **Due Date for Response**

Please plan to appoint an interim CEO and submit the candidate's resume to MDHHS no later than **close of business on Friday, May 10, 2024.** MDHHS will then review the resume and perform required qualification checks.

Thank you,

Amanda

Amanda Zabor  
Network Adequacy Specialist  
Contract Management Section  
Contracts and Quality Management Division  
Bureau of Specialty Behavioral Health Services  
Behavioral & Physical Health and Aging Services Administration  
Telephone: 517.335.0562

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**From:** Anna Bednarek <[abednarek@miottawa.org](mailto:abednarek@miottawa.org)>  
**Sent:** Monday, April 29, 2024 12:47:34 PM  
**To:** Jordan, Kristen (DHHS) <[JordanK4@michigan.gov](mailto:JordanK4@michigan.gov)>  
**Cc:** Gretchen Cosby <[gcosby@miottawa.org](mailto:gcosby@miottawa.org)>  
**Subject:** Department Approval for CMH Executive Director - Clarification Request

**CAUTION: This is an External email. Please send suspicious emails to [abuse@michigan.gov](mailto:abuse@michigan.gov)**

Good Morning,

Lynne Doyle, Executive Director at Community Mental Health of Ottawa County, has submitted her notice of retirement effective May 20, 2024 which we notified MDHHS of last week. The CMH Board is in the process of naming an Interim Executive Director and conducting the search for an Executive Director. During a discussion at the CMH Board meeting it was suggested MDHHS needs to provide approval of the candidates selected as Interim Executive Director and as Executive Director. We have reviewed the following requirements:

- The MDHHS/CMHSP Managed Mental Health Supports and Services Contract, Part II Statement of Work 6.2 Administrative Personnel (page 10)
- The Administrative Code, Section 330.2081 (page 12) details the Education and experience of a county director.
- The Michigan Mental Health Code Sections 330.1226(k) (page 51, note this section is referring to the Administrative Code), 330.1226(3) (page 51), and 330.1230 (page 52).

The Administrative Code 330.2081(3) discusses Department (MDHHS) approval is needed if a candidate **does not** meet the minimum qualifications. It does not state Department approval is needed if a candidate meets the education and experience requirements. Can you please provide clarification on this issue?

Thanks,

Anna

**Anna Bednarek, QMHP, MPA**

*Deputy Director*

**Community Mental Health of Ottawa County**

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April 22, 2024

Ms. Christine H. Sanches, Director  
Bureau of Grants and Purchasing  
Michigan Department of Health and Human Services  
400 S. Pine Lansing, Michigan 48913

**RE: NOTIFICATION OF CHANGE IN MANAGEMENT**

Dear Ms. Sanches,

This letter serves to inform the Michigan Department of Health and Human Services of a pending change in leadership at Community Mental Health of Ottawa County. Lynne Doyle, CMHOC Executive Director, has submitted her resignation effective May 20, 2024.

We are aware that MDHHS must be notified about this resignation as well as the appointment of an Interim Director within seven days of Ms. Doyle's departure. The CMHOC Board will address this need in the coming weeks and any updates will be provided to the Department.

Additionally, it has come to my attention that the Department may not have been formally advised of the resignation of Dr. Joseph Drumm as CMHOC Medical Director effective December 2023. The Medical Director position has been filled by Dr. David Franzblau. Let us know if you need additional information about this change.

Please do not hesitate to contact me with any questions or need for additional information.

Regards,

A handwritten signature in blue ink, appearing to read "Anna Bednarek".

Anna Bednarek, QMHP, MPA  
Deputy Director





# Community Mental Health – Ottawa County

## Parent Advisory Committee

### Report to the Board – June 28, 2024

# Self-Determination: Yes, you can do that!

The work of the  
Partners Advancing Self-Direction (PAS) CMH-OC Committee  
and  
the CMH-OC Parent Advisory Committee

Presentation to the CMH-OC Board by Rosalie Austin, Steve Johnson, and Sue Stone  
Members of the Community Mental Health - Ottawa County (CMH-OC) Parent Advisory Committee

**CMHOC PAS Committee**

**2024 National Self-Determination Conference**

**Parent Advisory Committee**

**The CMHOC PAS Committee was formed in September of 2022. Committee work was concluded in June 2023. The following were the original committee members:**

- 4 parents
- 1 PAS/ARC Project coordinators
- 1 ARC staff
- 1 PAS staff
- 1 Michigan DD Institute staff
- 2 Disability Network staff
- 1 Grants manager – Michigan Disabilities Council
- 2 Financial Supports staff
- 1 SD Analyst
- 5 CMHOC staff
- 1 LRE staff
- 1 Transition Coordinator to OAISD

<b>WHY WAS THE CMHOC PAS COMMITTEE FORMED?</b>			
<b>CMHOC</b>	<b>Individuals and Families</b>	<b>Everyone</b>	
To improve our process and increase participation.	To simplify and understand the process and get more people involved.	<ul style="list-style-type: none"> <li>▪ Feelings of distrust, misunderstanding, miscommunication</li> <li>▪ Work together effectively.</li> <li>▪ Make Self-Direction accessible and effective.</li> </ul>	
<b>WHAT DID WE HOPE TO ACCOMPLISH?</b>			
Get to know each other on a more personal basis to facilitate a good working relationship.	Set ground rules for working together (keeping an open mind, assuming positive intent, all ideas are good, judgment free zone, ‘what’s said here, stays here until we’re ready to share.	Highlight the importance of person-centered planning as it relates to self-direction and self-directed services.	Help everyone understand what Self-Direction and self-directed services are, how do you get started, what the process looks like, and how to make it successful.

## CMHOC PAS COMMITTEE ACCOMPLISHMENTS

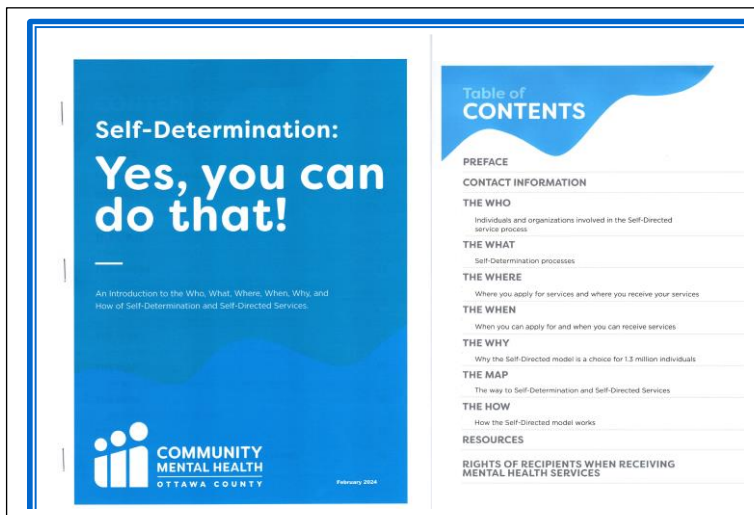
Created working committees for Budgeting, Fidelity, and the SD Informational Book.

Brainstormed ways to make the budget reports simpler while still including the information that families want and need.

Created an Ottawa PAS Team Self-Determination Map for inclusion in the SD Book.

Created “Yes, You Can Do That! – An Introduction to Self-Determination” book for individuals wanting to know more about Self-Determination and Self-Directed Services.

Invited to present the PAS Committee work at the 2024 National Self-Direction Conference.



**The 2024 National Self-Direction conference was held in Baltimore MD on March 14<sup>th</sup> and 15<sup>th</sup>. It is held every year, alternating between in-person and virtual.**

- The conference had 580+ attendees from around the U.S.
- There were 24 exhibitors.
- There were 74 speakers.
- There were 29 sessions.

**The CMH-OC PAS (Partners Advancing Self-Determination) Committee members attending the conference and presenting were:**

- Angela Martin - Senior Associate Director from the Michigan Developmental Disabilities Institute
- Jan Lampman - Project Coordinator, The Arc of Michigan
- Sue Stone – parent advocate
- Steve Johnson – parent advocate
- Rosalie Austin- parent advocate
- Liz Kronz – former CMH Respite/Self-Directed Service Coordinator

**Additional attendees were:**

- Beth Durkee – CMH Mental Health Supervisor I/DD
- Tedra Jackson – current Michigan Developmental Council Deputy Director

## Presentations:

Angela Martin and Jan Lampman presented the development work of the PAS Committee in the state of Michigan and the development of the CMHOC PAS Committee.

Liz Krontz presented the reasons CMHOC wanted to form a PAS committee, what they hoped to accomplish during the PAS process, and the future goals and continued work after the PAS process was complete.

Sue Stone, Rosalie Austin, and Steve Johnson each presented sections of the “Yes, You Can Do That! – An Introduction to Self-Determination and Self-Directed Services”. They also made presentations on how Self-Determination and Self-Directed Services have made a positive impact on their adult children’s lives.

The session was attended by 72 participants. There were 119 session responses to the poll. Angela Martin managed the poll questions and responses.

### Poll Questions

- ❖ Please describe yourself. (78)
- ❖ How are you promoting participant direction/self-direction and buy in from case managers? (19)
- ❖ In your experience, is Self-Determination and Self-Directed Services a difficult cultural change for state health departments and agencies? (22)



“Inky Brittany” rendition of our session.

## Parent Advisory Committee Accomplishments

**Beth Durkee formed the CMH Parent Advisory Committee in March 2023, prior to the completion of the work by the CMH PAS Committee in June. Following are summaries of their accomplishments and recommendations.**

Developed a <b>good working relationship</b> with CMH to improve I/DD services, communications, and processes.
Developed an <b>initial purpose statement</b> for the group to improve SD practices, material development and improving communication between CMH and consumers.
Defined <b>problem areas</b> and resolutions.
<b>Made a proposal to Holland Parks and Rec</b> to create an adaptive/therapeutic rec program, like the Kentwood Parks and Rec program. Our proposal was acted upon. Holland Parks and Rec's initial step was to purchase adaptive equipment for the future ice-skating rink, adaptive bikes for biking on the ice rink in the summer, and adaptive swimming equipment. They are looking at additional activities to be inclusive of those who do not need adaptive equipment.
Proposed <b>CMH collaboration with Ottawa County Parks</b> to improve park accessibility. This was acted upon, and accessibility improvements have been made, with more in the future.
Edited and formatted the <b>"Yes, You Can Do That"</b> book into a finished product for presentation at the National Self-Direction Conference.
Added two <b>additional committee members</b> in March 2024 and <b>expanded the committee purpose</b> to provide feedback and ideas to improve I/DD services and supports.
Sue, Rosalie, and Steve were invited to make a <b>presentation for the Children's Special Health Care Services on their "Empowered Parents Webinars"</b> .
Sue, Rosalie, and Steve are invited to make a <b>presentation at the CMHA/MDHHS Self-Determination Conference</b> in August.
Sue, Rosalie, and Steve are invited to speak at the <b>Walk-A-Mile event</b> in Lansing in September to represent a voice for I/DD. As only one person can speak, Rosalie will be the speaker.

<p><b>SD Policy</b> - Changes to the CMH-OC Self-Determination Policy language. <b>Status:</b> Changes were made, and the revised policy is waiting final approval.</p>
<p><b>Medically Necessary Terminology</b> - Change the term “medically necessary” to the Medicaid Manual terminology “Medical Necessity Criteria.” <b>Status:</b> Policy and contracts were revised with Medicaid terminology.</p>
<p><b>SD Contract</b> - Changes to the Self-Determination CMH/Employer of Record (EOR) contract. <b>Status:</b> The revised contract is being used.</p>
<p><b>Informational flyers</b> be prepared for Self-Determination, Independent Facilitators, Independent Supports Coordination, Residential Options, Role of CMH with School Transition. <b>Status:</b> Flyers were developed and are handed out to those inquiring about SD.</p>
<p><b>Access Center</b> – improve ACCESS services to those individuals under 26. <b>Status:</b> Beth Durkee is receiving all denials for her review. <b>Accessing Services</b> – improve communications about services available. <b>Status:</b> CMH website was updated with a link for I/DD with I/DD information.</p>
<p><b>Resource Center</b> – create a database of resources that is accessible to consumers, families and CMH staff. <b>Status:</b> CMH is partnering with 211 to include activities and resources on an ongoing basis. A 211 link was added to CMH website.</p>
<p><b>Create Checklists</b> – Develop checklists for new and established SD arrangements to ensure SD enrollment steps are followed and all paperwork is reviewed and signed. <b>Status:</b> Completed and under review for thoroughness.</p>
<p><b>Millage Funding</b> - Review the millage funding process. <b>Status:</b> A steering committee was established to review the process.</p>
<p><b>Improve CMH/OAISD Transition Process</b> – educate and collaborate with OAISD about services before and after age 26. <b>Status:</b> CMH is meeting with OAISD monthly.</p>
<p><b>FMS Late Payments:</b> FMSs were making late EOR quarterly payroll tax payments. <b>Status:</b> CMH to request a quarterly tax payment report, detailing every EORs’ tax payment amounts and date filed and paid. <b>FMS Reporting Issues to EORs:</b> EOR’s are having difficulty getting accurate and timely reports. <b>Status:</b> Additional contact inclusions will be in revised CMH/FMS contracts.</p>

The Parent Advisory Committee thanks the CMHOC Board for the opportunity to present their work over the past 18 months on the CMHOC PAS and Parent Advisory Committees, as well as a summary of their presentations at the National Self-Direction Conference.

The continuation of the CMHOC PAS Committee's work by the Parent Advisory Committee has made a positive impact on the education, implementation, acceptance, and fidelity of Self-Determination and Self-Directed services.

The Committee will continue work on several other items which we would like to present to the Board in about six months. These items include work on additional SD and I/DD service components, as well as follow-up and/or completion of open items.



Table of 1915(i) SPA Service Comparison to Other Service Benefit Categories

1915(i)SPA Services	CCBHC	Behavioral Health Covered EPSDT	Children's Waiver 1915C	SED Waiver 1915C	Habilitation Supports Waiver 1915C	1915(i)SPA
Community Living Supports		X	X	X	X	X
Enhanced Pharmacy					X	X
Environmental Modifications			X		X	X
Family Support & Training	X	X	X	X	X	X
Financial Management Services (FMS)/Fiscal Intermediary			X	X	X	X
Housing Assistance						X
Respite	X		X	X	X	X
Skill Building	X	X			**	X
Specialized Medical Equipment & Supplies (Assistive Tech)			X		X	X
Supported/Integrated Employment	X	X			X	X
Vehicle Modification (Assistive Tech)			*		*	X

\* = This service may be covered under Specialized Medical Equipment & Supplies. Please refer to the code chart for further details.

\*\* = Skill Building (H2014) is not an HSW covered service; however Out-of-home non-voc (H2014WZ) is an HSW covered service. Please refer to code chart for further details.

X = This service is a covered service.

SFY Behavioral Health Code Charts and Provider Qualifications



Conflict free requirements contained in the 1915i SPA application:

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The state assures the independence of persons performing evaluations, assessments, and plans of care. Written conflict of interest standards ensure, at a minimum, that persons performing these functions are not:

- related by blood or marriage to the individual, or any paid caregiver of the individual
- financially responsible for the individual
- empowered to make financial or health-related decisions on behalf of the individual
- providers of State plan HCBS for the individual, or those who have interest in or are employed by a provider of State plan HCBS; except, at the option of the state, when providers are given responsibility to perform assessments and plans of care because such individuals are the only willing and qualified entity in a geographic area, and the state devises conflict of interest protections.

The PIHPs have responsibility for

**AUTHORIZING** AND monitoring IPOS SERVICE UTILIZATION person-centered service plans and the network's implementation of the 1915 (i) SPA services, which require additional conflict of interest protections including separation OF SERVICE PLANNING AND SERVICE DELIVERY. of entity and provider functions within provider entities.

Through the MDHHS/PIHP

contract, MDHHS delegates the responsibility for the authorization AND UTILIZATION MANAGEMENT of the service plan to the PIHPs. **THE PIHP'S CANNOT DELEGATE THESE UM FUNCTIONS TO THE CMHSP OR CONTRACTED PROVIDER ENTITY.**

The PIHPs delegate the

responsibilities of **plan development AND MONITORING to CMHSP OR CONTRACTED PROVIDER supports coordinator or other qualified staff chosen by the individual or family.** These Individuals

**THE PROVIDER responsible for the IPOS are not providers of any HCBS for that individual and are not the same people PROVIDER responsible for the independent HCBS needs assessment.**

**The CMHSPs/CONTRACTED PROVIDERS authorize the implementation of service through a separate service provider entity.**

The MDHHS/BPHASA BHDDA has several safeguards in place to assure that **the independent assessment, independent eligibility evaluation, development of the Individual Plan of Service (IPOS), and delivery of 1915(i) services** by the PIHP provider network are free from conflict of interest through the following:

- The mandated separation required in the MDHHS/PIHP contract that assures the **assessor(s) of eligibility** will not make final determinations about the amount, scope and duration of 1915i services;
- **The MDHHS/PIHP contract assures the provider responsible for the independent HCBS needs assessment are separate from the case manager/supports coordinator providers responsible for the development of the IPOS;**
- The results of the individual needs assessment, including any other historical assessment or evaluation results, may be used as part of the information utilized in developing the individual plan of services (IPOS). Oversight/coordination of the IPOS is done by a case manager or supports coordinator or other qualified staff chosen by the individual or family, is not a provider of any other service for that individual, and is not the professional/entity that completes **the individual needs assessment/authorization for eligibility or services.**

# Minimizing Complexities

Meeting Federal Conflict Free Requirements in Ways That Promote Simplicity and Access to Care



The Michigan Department of Health and Human Services (MDHHS) recently proposed new requirements for individuals seeking mental health services through the public mental health system. While the new requirements would comply more directly with federal Conflict-Free Access and Planning (CFA&P) guidelines, they would create access challenges for those seeking care, service delays and additional costs to providers.

## What is Conflict-Free Access and Planning?

CFAP is based on a 2014 federal requirement for Home and Community-Based Services (HCBS), a type of Medicaid service, which attempted to limit perceived conflicts of interest for beneficiaries obtaining HCBS. In Michigan, agencies can have more than one role: access, plan development, and service delivery. If one agency is helping an individual access and plan their services it is key to ensure that a conflict of interest does not exist and that persons served/clients/consumers have a choice of providers. A conflict of interest happens when a professional uses their role to benefit themselves or their employer.

**CMHA and our members fully support the intent to limit conflicts, however we believe the proposed “solutions” outlined by MDHHS cause unnecessary disruption and complexity and provide a greater threat than the conflicts they are attempting to prevent.**

### APPROACH PROPOSED BY MDHHS

Requires you to go to one “provider” for assessment, planning, and case management, and another “provider” to receive services. If you change your service plan, you must go back to the planning “provider.”

### MICHIGAN'S CURRENT COMMUNITY MENTAL HEALTH-BASED MODEL

Allows a 1-stop shop for people to do an assessment, planning, case management and receive services.

## Concerns with MDHHS Conflict-Free Proposal

1. The MDHHS proposal makes an already complex system more complex: Same day service would be impossible under the separation of functions that MDHHS is proposing. Outreach to persons, school children, homeless, would be seriously hindered by prohibiting the services provider from assessing and building a treatment/services plan with the person in need.
2. Persons served/clients/consumers are concerned with the MDHHS proposal: The comments of persons served (clients/consumers), obtained during the MDHHS listening sessions underscore their concerns with the MDHHS proposal:
  - “I think [separating access/planning from direct service] could be problematic due to a person having to repeat providing their info...”
  - “Having to go from here, to here, to here...to do it when being in a place where I need help would be a lot. It’s a lot to ask one person to go through.”



- “Between the point of access and referral, things get dropped and lost.”
3. The MDHHS proposal is in conflict with state law and other federal requirements:
    - The statutorily required core functions of Michigan’s CMHs.
    - The federally required core functions of Michigan’s Certified Community Behavioral Health Clinics (CCBHC) and Behavioral Health Homes (BHH)

## DISADVANTAGES OF MDHHS' PROPOSED APPROACH



Delays  
service  
delivery



Increases  
costs



Increases  
administrative  
burden



Adds confusion  
and barriers for  
people served

## CMHA-Recommended Process

**Rather than add complexity to the system, Michigan can build upon the conflict mitigation approaches that already have the approval of the Federal Government.**

There are a number of alternate approaches that Michigan could use to meet the federal Conflict-Free standards. One of those alternate approaches is:

1. Because it is not known until the assessment and Individual Plan of Service (IPOS) are completed, whether the person is in need of Home and Community-Based Services (HCBS), the initial assessment and Plan of Service should be carried out as it is now, by the CMHSP or their designated assessment and planning organization.
2. If HCBS are part of a person's Plan of Service, the person is presented with a list of organizations which provide those HCBS services, from which to choose. The organization carrying out the assessment and Plan of Service cannot be on that list unless that organization is the only organization who can provide that service.



### Continue to strengthen the structural conflict mitigation components approved by the Federal Government

- a. Persons facilitating the Person-Centered Planning (PCP) process cannot be providers of any HCBS to those with whom they facilitate PCP processes.
- b. The person facilitating the PCP process or serving as the case manager/supports coordinator for the person served cannot authorize the services contained in the plan for that person.
- c. Neither the persons facilitating the PCP process nor the providers of any HCBS can be the person responsible for the independent HCBS eligibility determination. This latter role is held by MDHHS.

### This process is nested in a robust monitoring and contract compliance process.

Accessible, frequent, and readily-available information to persons served regarding the rights outlined above – through the use of:

- (1) A uniform set of hard-copy handouts and electronic messages;
- (2) Notices on the websites of the state's CMHSPs, PIHPs, providers, and MDHHS;
- (3) Social media posts

Continual education, training, supervision, and coaching of CMHSP, PIHP, and provider staff around these rights – efforts led by MDHHS, the state's major advocacy organizations, and CMHA.

The use of contractual powers, corrective action plans, and sanctions, when needed, to ensure that these rights are afforded persons served – via the MDHHS/PIHP contract, the MDHHS/CMHSP contract, and the PIHP/CMHSP contract.



The Community Mental Health Association of Michigan is the state association representing Michigan's public Community Mental Health (CMH) centers, the public Prepaid Inpatient Health Plans (PIHP – public health plans formed and governed by CMH centers) and the private providers within the CMH and PIHP provider networks.

FOR MORE INFORMATION, PLEASE VISIT [CMHA.ORG](http://CMHA.ORG) OR CALL 517-347-6848.



**06/28/24 Board Meeting  
Attachment C**

**Community Mental Health of Ottawa County  
Board Summary  
June 28, 2024**

<b>Count</b>	<b>Contract Agency</b>	<b>Contract Type</b>	<b>Service</b>	<b>Purpose</b>	<b>Contract Start</b>	<b>Contract Period End</b>	<b>Financial Category</b>	<b>Primary Funding Source</b>	<b>Contract Amount Included in Budget</b>
1	Community Healing Centers	Amendment	SUD	Increase service array to include a lower intensity residential option and a population specific option	6/24/2024	9/30/2025	\$0 - 50,000	LRE (Medicaid)	Yes
2	Revel	New	Marketing	Provide marketing services to assist in increasing access to health and wellness activities for I/DD population	7/1/2024	9/30/2024	\$0 - 50,000	MHEF (grant)	Yes





**SERVICE CONTRACTS FOR BOARD APPROVAL**

<b>Contractor Name:</b>	Community Healing Centers
<b>Board Summary Reference Number:</b>	01
<b>Contract Type:</b>	Amendment
<b>Contract Dates:</b>	6/24/2024 - 9/30/2025
<b>Purpose of Contract:</b>	To amend an existing contract to increase the service array to include ASAM 3.1 Clinically Managed Low Intensity Short-Term Residential and ASAM 3.3 Clinically Managed Population Specific Short-Term residential services. All other services and programming to remain the same.
<b>Agency Overview:</b>	Community Healing Centers is a contractual agency currently in good standing with CMHOC. Community Healing Centers provides services to consumers with Substance Use Disorder (SUD) in the Kalamazoo area. Services include: Medically Monitored Sub-acute Detox, Clinically Managed High Intensity short-term residential, Medically Monitored Intensive short-term residential, Clinically Managed Low Intensity short-term residential, and Clinically Managed Population Specific short-term residential.
<b>Location of Services:</b>	Elizabeth Upjohn Community Healing Center – Kalamazoo, MI Gilmore Community Healing Center – Kalamazoo, MI
<b>Agency Website:</b>	<a href="http://www.communityhealingcenter.org">www.communityhealingcenter.org</a>
<b>Program Description:</b>	ASAM Level 3.1 and 3.7 withdrawal management services are clinically managed short-term residential services that are designed for individuals who have long-term needs but do not require intensive monitoring.
<b>Reimbursement Process:</b>	Reimbursements for these services are per diem (daily, all-inclusive rate).
<b>Financial Category:</b>	\$0 - \$50,000
<b>Funding Source(s):</b>	Lakeshore Regional Entity (Medicaid)
<b>Contract Boilerplate:</b>	Common Contract FY24



## SERVICE CONTRACTS FOR BOARD APPROVAL

**Contractor Name:** Revel

**Board Summary Reference Number:** 02

**Contract Type:** New

**Contract Dates:** 7/1/2024 - 9/30/2024

**Purpose of Contract:** To provide video marketing services that assist in increasing access to health and wellness activities for consumers with Intellectual/Developmental Disabilities.

**Agency Overview:** Revel is a contractual agency currently in good standing with CMHOC. Revel provides marketing services for CMHOC. Current service array includes: print and digital annual report; updates, hosting, and management of annual report webpage; infographic updates; social media campaigns; brochures, flyers, business cards, and additional print collateral; and digital strategy consulting and promotions.

**Agency Location:** Muskegon, MI

**Agency Website:** [www.revelmarketing.com](http://www.revelmarketing.com)

**Program Description:** Through this contract, Revel will develop an accessibility overview video and five shorter feature highlight videos that will educate the community on the accessibility features of the different Ottawa County parks along with what community members can expect when arriving at each park.

**Reimbursement Process:** Lump sum payment

**Financial Category:** \$0 - \$50,000 (\$12,000)

**Funding Source(s):** Michigan Health Endowment Fund Grant

**Contract Boilerplate:** Service Agreement (non-Medicaid)





**Community Mental Health of Ottawa County  
Fiscal Year 2024 Statement of Activities  
For Period Ending May 31 2024**

**222 Mental Health and SUD Fund**

	Annual Budget	YTD Budget	YTD Actual	Over/ (Under) Budget
<b>Revenues</b>				
Medicaid	41,031,649.00	27,354,432.67	28,178,899.07	824,466.40
Healthy Michigan	3,810,226.00	2,540,150.67	2,126,593.24	(413,557.43)
Autism	6,000,000.00	4,000,000.00	4,550,752.86	550,752.86
General Fund	3,874,164.00	2,582,776.00	3,099,331.00	516,555.00
COFR	317,300.00	211,533.33	127,971.40	(83,561.93)
Grants	174,337.00	116,224.67	83,095.55	(33,129.12)
Transfers	118,904.00	79,269.33	-	(79,269.33)
Local Funds	462,167.00	308,111.33	231,083.50	(77,027.83)
Other - Revenue	439,697.00	293,131.33	132,181.35	(160,949.98)
Sub-Total	56,228,444.00	37,485,629.33	38,529,907.97	1,044,278.64
SUD Medicaid	1,000,000.00	666,666.67	762,675.60	96,008.93
SUD Healthy Michigan	3,000,000.00	2,000,000.00	1,438,344.89	(561,655.11)
SUD Grants	1,692,766.00	1,128,510.67	783,972.46	(344,538.21)
SUD Other - Revenue	293,378.00	195,585.33	136,189.34	(59,395.99)
SUD Sub-Total	5,986,144.00	3,990,762.67	3,121,182.29	(869,580.38)
<b>Total Revenue</b>	<b>62,214,588.00</b>	<b>41,476,392.00</b>	<b>41,651,090.26</b>	<b>174,698.26</b>
<b>Expenses</b>				
Salaries & Benefits	15,931,285.00	10,620,856.67	9,553,615.00	(1,067,241.67)
General Client Care	31,041,491.00	20,694,327.33	20,931,835.63	237,508.30
Psychiatrist	641,507.00	427,671.33	558,961.28	131,289.95
Respite	326,000.00	217,333.33	235,594.92	18,261.59
Personal Care	4,885,200.00	3,256,800.00	3,898,534.36	641,734.36
Transportation	12,900.00	8,600.00	7,309.10	(1,290.90)
Contractual Services	254,503.00	169,668.67	144,799.35	(24,869.32)
Supplies	243,585.00	162,390.00	98,288.29	(64,101.71)
Other	1,383,461.00	922,307.33	880,639.47	(41,667.86)
Administration	1,282,460.00	854,973.33	854,972.16	(1.17)
Sub-Total	56,002,392.00	37,334,928.00	37,164,549.56	(170,378.44)
SUD Salaries & Benefits	1,100,011.00	733,340.67	512,268.73	(221,071.94)
General Client Care	4,531,932.00	3,021,288.00	2,627,091.57	(394,196.43)
Room & Board	41,000.00	27,333.33	25,390.53	(1,942.80)
Transportation	10,000.00	6,666.67	1,163.80	(5,502.87)
SUD Supplies	45,558.00	30,372.00	6,828.26	(23,543.74)
SUD Other	6,261.00	4,174.00	6,444.53	2,270.53
SUD Admin	178,524.00	119,016.00	119,015.84	(0.16)
SUD Sub-Total	5,913,286.00	3,942,190.67	3,298,203.26	(643,987.41)
<b>Total Expenses</b>	<b>61,915,678.00</b>	<b>41,277,118.67</b>	<b>40,462,752.82</b>	<b>(814,365.85)</b>
<b>Increase (decrease) in net position</b>	<b>298,910.00</b>	<b>199,273.33</b>	<b>1,188,337.44</b>	<b>989,064.11</b>

Medicaid Revenues Budget to Actual \$ **496,015.66**  
 Actual % **65%**  
 Target % **67%**

Date Prepared: 6/19/2024



**Community Mental Health of Ottawa County  
Fiscal Year 2024 Statement of Activities  
For Period Ending May 31 2024**

**223 Millage and Grants Fund**

	<b>Annual Budget</b>	<b>YTD Budget</b>	<b>YTD Actual</b>	<b>Over/ (Under)</b>
<b>Revenues</b>				
Property Taxes	\$ 4,416,017	\$ 2,944,011	\$ 4,383,085	\$ 1,439,074
Grants	\$ 3,392,038	\$ 2,261,359	\$ 1,393,403	(867,955)
Transfers	\$ 368,904	\$ 245,936	\$ 250,000	4,064
Other - Revenue	\$ 587,448	\$ 391,632	\$ 98,159	(293,473)
<b>Total Revenue</b>	<b>8,764,407</b>	<b>5,842,938</b>	<b>6,124,648</b>	<b>281,710</b>
<b>Millage Expenses</b>				
Autism Services	\$ 98,133	\$ 65,422	\$ 64,341	(1,081)
MI Adult Treatment Services	\$ 141,838	\$ 94,559	\$ 94,016	(543)
DD Treatment Services	\$ 2,720,219	\$ 1,813,479	\$ 2,280,492	467,013
Family Services	\$ 172,000	\$ 114,667	\$ 92,097	(22,570)
Community Services	\$ 678,534	\$ 452,356	\$ 233,643	(218,713)
Sub-Total	3,810,724	2,540,483	2,764,589	224,106
<b>Grant Expenses</b>				
Salaries & Benefits	\$ 1,689,812	\$ 1,126,541	\$ 1,058,570	(67,971)
Contractual Services	\$ 1,904,643	\$ 1,269,762	\$ 751,842	(517,920)
Supplies	\$ 92,855	\$ 61,903	\$ 20,793	(41,110)
Other	\$ 197,127	\$ 131,418	\$ 36,091	(95,327)
Sub-Total	3,884,437	2,589,625	1,867,297	(722,328)
<b>Total Expenses</b>	<b>7,695,161</b>	<b>5,130,107</b>	<b>4,631,885</b>	<b>(498,222)</b>
<b>Increase (decrease) in net position</b>	<b>\$ 1,069,246</b>	<b>\$ 712,831</b>	<b>\$ 1,492,763</b>	<b>\$ 779,932</b>

Actual %                   60%  
Target %                   67%

Date Prepared: 6/19/2024

**Community Mental Health of Ottawa County  
Additional FY24 Budget Detail  
For Period Ending May 31 2024**

<b>GRANT</b>	<b>BUDGET</b>	<b>FY24 ACTUAL</b>	<b>% SPENT</b>
58TH MENTAL HEALTH COURT	63,707.00	17,310.02	27.2%
ARPA SUD GRANT	150,000.00	48,525.08	32.4%
CCBHC GRANT	1,000,000.00	447,057.70	44.7%
CMH COMMUNITY HLTH WORKERS IHC	142,014.00	54,530.64	38.4%
COSSAP GRANT	300,000.00	158,023.48	52.7%
DIBS GRANT	274,243.00	116,187.59	42.4%
HUD 1 GRANT	669,279.00	326,650.00	48.8%
MH BG COVID GRANT	144,794.00	144,771.03	100.0%
MHJJ GRANT	61,278.00	9.22	0.0%
MI KIDS MOBILE GRANT	200,000.00	25,903.07	13.0%
MIA CONTRACT OUTPATIENT -hispanic behavior	110,630.00	53,356.66	48.2%
MIA TREATMENT	7,500.00	2,141.85	28.6%
PACC GRANT	61,156.00	9.22	0.0%
SOR 3 GRANT	167,742.00	33,914.23	20.2%
SUD BG COVID GRANT	220,000.00	62,123.31	28.2%
SUD REVENUE - LOCAL/LRE GRANT	828,524.00	319,177.49	38.5%
SYSTEM OF CARE GRANT	728,036.00	131,740.60	18.1%
TOBACCO CESSATION GRANT	26,500.00	397.67	1.5%
U OF M MC3 GRANT	35,738.00	17,255.22	48.3%
WORKFORCE STABILIZATION SUPPORT	68,000.00	1,709.86	2.5%
<b>TOTALS</b>	<b>5,259,141.00</b>	<b>1,960,793.94</b>	

**Community Mental Health of Ottawa County  
Additional FY24 Budget Detail  
For Period Ending May 31 2024**

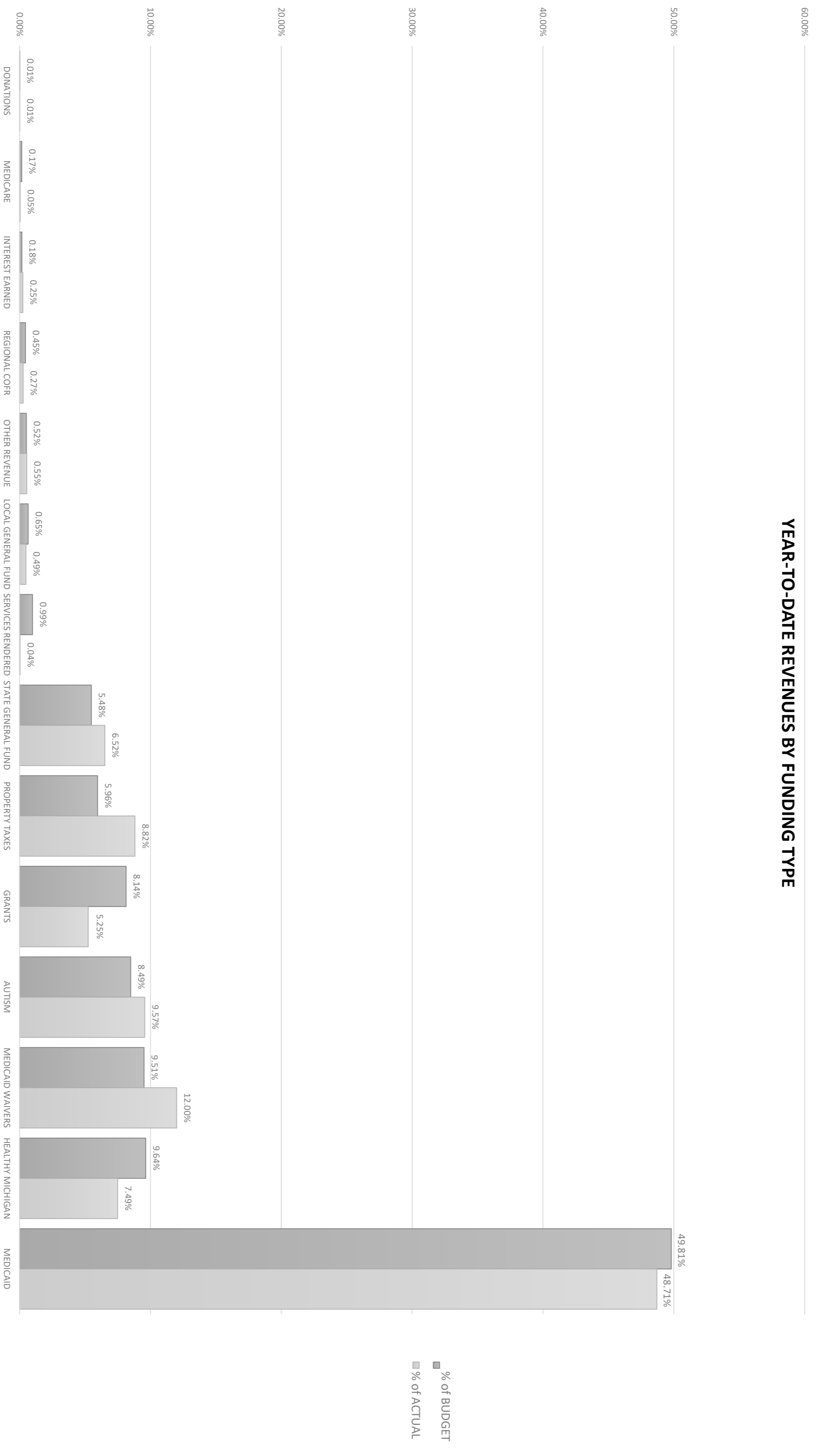
**YEAR-TO-DATE EXPENSE DETAIL BY PRIMARY PROGRAM**



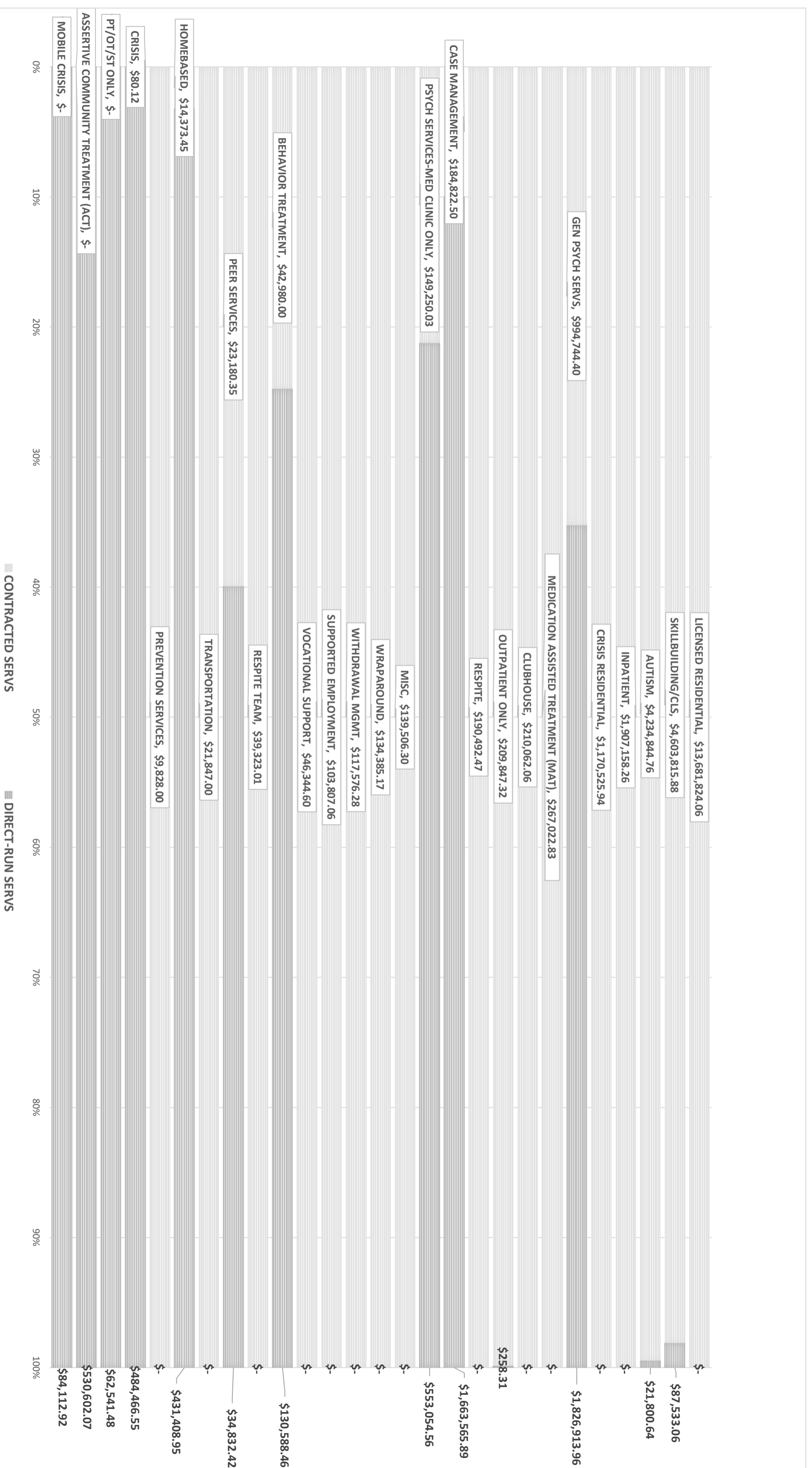


**Community Mental Health of Ottawa County  
Additional FY24 Budget Detail  
For Period Ending May 31 2024**

**YEAR-TO-DATE REVENUES BY FUNDING TYPE**



### CONTRACTED AND DIRECT-RUN SERVICES BY ACTIVITY TYPE



Row Labels	Sum of DR COST	Sum of CONT COST
ASSERTIVE COMMUNITY TREATMENT (ACT)	\$ 530,602.07	\$ -
AUTISM	\$ 21,800.64	\$ 4,234,844.76
BEHAVIOR TREATMENT	\$ 130,588.46	\$ 42,980.00
CASE MANAGEMENT	\$ 1,663,565.89	\$ 184,822.50
CCBHC	\$ 134.21	\$ -
CLUBHOUSE	\$ -	\$ 210,062.06
CRISIS	\$ 484,466.55	\$ 80.12
CRISIS RESIDENTIAL	\$ -	\$ 1,170,525.94
GEN PSYCH SERV	\$ 1,826,913.96	\$ 994,744.40
HOMEBASED	\$ 431,408.95	\$ 14,373.45
INPATIENT	\$ -	\$ 1,907,158.26
LICENSED RESIDENTIAL	\$ -	\$ 13,681,824.06
MEDICATION ASSISTED TREATMENT (MAT)	\$ -	\$ 267,022.83
MISC	\$ -	\$ 139,506.30
MOBILE CRISIS	\$ 84,112.92	\$ -
ONLY CONTRACTED	\$ -	\$ 295,142.36
OUTPATIENT ONLY	\$ 258.31	\$ 209,847.32
PEER SERVICES	\$ 34,832.42	\$ 23,180.35
PREVENTION SERVICES	\$ -	\$ 9,828.00
PSYCH SERVICES-MED CLINIC ONLY	\$ 553,054.56	\$ 149,250.03
PT/OT/ST ONLY	\$ 62,541.48	\$ -
RESPIRE	\$ -	\$ 190,492.47
RESPIRE TEAM	\$ -	\$ 39,323.01
SKILLBUILDING/CIS	\$ 87,533.06	\$ 4,603,815.88
SUPPORTED EMPLOYMENT	\$ -	\$ 103,807.06
TRANSPORTATION	\$ -	\$ 21,847.00
VOCATIONAL SUPPORT	\$ -	\$ 46,344.60
WITHDRAWAL MGMT	\$ -	\$ 117,576.28
WRAPAROUND	\$ -	\$ 134,385.17
(blank)		
0	\$ -	\$ 1,376.00
PRIVATE-DUTY NURSE	\$ -	\$ 90,972.25
#N/A	\$ -	\$ 1,108.10
<b>Grand Total</b>	<b>\$ 5,911,813.48</b>	<b>\$ 28,886,240.56</b>



**BA1: MID YEAR REVENUE ADJUSTMENTS**

**\$1,662,771.40 – Medicaid CCBHC Supplemental Revenue Adjustment**

**\$549,022.67 – HMP CCBHC Supplemental Revenue Adjustment**

**\$2,211,794.07 – Total Revenue Adjustment**

Month	Medicaid Supplemental	HMP Supplemental
October	215,599.17	86,267.23
November	276,655.06	84,314.23
December	276,274.99	73,074.83
January	353,037.73	135,337.64
February	277,922.67	88,354.27
March	263,281.78	81,674.47
	<hr/>	<hr/>
	1,662,771.40	549,022.67



Lakeshore Regional Entity Combined Monthly FSR Summary  
 FY 2024  
 April 2024 Reporting Month  
 Reporting Date: 6/17/24

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total	
Total Distributed Medicaid/HMP Revenue	40,277,270	101,974,331	17,158,038	28,616,306	12,410,214	3,476,315	203,912,474	
Total Capitated Expense	36,156,211	109,015,227	15,628,103	24,942,026	12,662,400	3,476,315	201,880,282	
Actual Surplus (Deficit)	4,121,059	(7,040,896)	1,529,935	3,674,280	(252,186)	-	2,032,192	
% Variance	10.23%	-6.90%	8.92%	12.84%	-2.03%	0.00%		
<b>Information regarding Actual</b> (Threshold: Surplus of 5% and deficit of 1%)	Expenses for Medicaid, specifically autism continue to come in under our expectations. HealthWest is currently running and reviewing analytic reports, reviewing internally and working on productivity standards.	Network180 is experiencing increase demands in autism and specialized residential services. Additionally, revenue projections fell for the first six months of the year. Even with the increased revenue rates, in order to serve individuals as required.	Surplus is due to higher than projected services being categorized as CCBHC. Further, OnPoint has intentionally held on certain expenditures and adding of new positions due to declining revenue projections. We expect this surplus to continue to reduce in future months, with the steep decline in enrollment.	2024 anticipated 6% retro annual payroll increases pending union negotiations and 4/1/24 internal service rate adjustments.	West Michigan is experiencing increased demand in Community Inpatient services.	Less than threshold for explanation		
<b>PROJECTION:</b>	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total	
LRE Revenue Projections as of:								
April								
Total Projected Medicaid/HMP Revenue	68,575,131	172,788,486	29,788,300	48,695,815	20,576,618	18,130,794	358,555,144	
Total Capitated Expense Projections	67,560,463	187,788,948	28,688,703	50,096,555	20,794,114	18,130,794	373,059,577	
Projected Surplus (Deficit)	1,014,668	(15,000,462)	1,099,597	(1,400,740)	(217,496)	-	(14,504,433)	
% Variance	1.48%	-8.68%	3.69%	-2.88%	-1.06%	0.00%		
<b>Information regarding Projections</b> (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation	Network180 is experiencing increase demands in autism and specialized residential services. Additionally, revenue projections fell for the first six months of the year. Even with the increased revenue rates, in order to serve individuals as required.	Surplus is due to higher than projected services being categorized as CCBHC.	2024 anticipated 6% retro annual payroll increases pending union negotiations and 4/1/24 internal service rate adjustments.	Medicaid projections have increased due to rebasing of Medicaid capitation rates. Even with the rate rebasing the funding falls short as enrollment continues to trend downward.	Less than threshold for explanation		
<b>PROPOSED SPENDING PLAN:</b>	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total	
Submitted to the LRE as of:	11/1/2023	9/22/2023	6/7/2024	5/9/2024	11/3/2023			
Medicaid/HMP Revenue								
Total Budgeted Medicaid/HMP Revenue	69,625,245	166,119,203	29,788,300	50,310,887	20,794,581	13,922,556	350,560,773	
Total Budgeted Capitated Expense	64,957,020	173,091,232	28,688,702	50,339,727	20,794,114	13,922,556	351,793,352	
Budgeted Surplus (Deficit)	4,668,225	(6,972,029)	1,099,598	(28,840)	467	-	(1,232,579)	
% Variance	6.70%	-4.20%	3.69%	-0.06%	0.00%	0.00%		
<b>Information regarding Spending Plans</b> (Threshold: Surplus of 5% and deficit of 1%)	HW is working diligently on an updated spending plan. We recognize that our revenue expectations have decreased about a \$1m and expense expectations have increased by \$3m bring us very close to a balanced budget.	Network180 has significant unmet service need in autism and specialized residential services and a very fragile provider network. In order to maintain a provider network to provide required services, rate increases from 3-5% are necessary. Additionally, revenue projections continue to fall monthly as enrollment trends downward.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	
<b>Variance between Projected and Proposed Spending Plan</b>	(3,653,557)	(8,028,433)	(1)	(1,371,899)	(217,963)	-	(13,271,854)	
% Variance	-5.25%	-4.83%	0.00%	-2.73%	-1.05%	0.00%		
<b>Explanation of variances between Projected and Proposed Spending Plan</b> (Threshold: Surplus of 5% and deficit of 1%)	HW is working diligently on an updated spending plan. We recognize that our revenue expectations have decreased about a \$1m and expense expectations have increased by \$3m bring us very close to a balanced budget.	Network180 is experiencing increase demands in autism and specialized residential services. In order to serve individuals as required, expenses will exceed distributed revenue.	Less than threshold for explanation	Mid-year spending plan adjustment accounting for pending payroll increases	Medicaid projections have increased due to rebasing of Medicaid capitation rates. Even with the rate rebasing the funding falls short as enrollment continues to trend downward.	Less than threshold for explanation		



Lakeshore Regional Entity Combined Monthly FSR Summary  
 FY 2024  
 April 2024 Reporting Month  
 Reporting Date: 6/17/24

CCBHC ACTIVITY							
	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
<b>ACTUAL:</b>							
Distributed Medicaid/HMP CCBHC Revenue							
Total Distributed Medicaid/HMP CCBHC Revenue	11,089,151	12,399,540	6,259,365	4,414,875	6,736,061	840,485	41,710,170
Total CCBHC Expense	14,465,436	13,766,834	4,525,156	3,604,797	6,736,061	49,138	43,147,421
Actual CCBHC Surplus (Deficit)	(3,376,285)	(1,367,294)	1,734,209	810,079	-	791,347	(1,437,251)
% Variance	-30.45%	-11.03%	27.71%	18.35%	0.00%	94.15%	
<b>Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)</b>	CCBHC costs are much higher than our PPS. We have submitted a request for an \$80 per T1040 request but understand the state is holding rate increases through FY25. Rehmann is analyzing our fee schedule and we will be updating this within the next two months. HealthWest has created an internal project improvement team of leadership and executive members to thoroughly analyze CCBHC services, productivity, and rates. We will be working on a corrective action plan upon submission of our updated Spending Plan within the next four weeks.  LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year.  LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus.  LRE Note: Surplus is retained by the CCBHC and not the PIHP.	CCBHC service reporting is slightly behind, surplus should decline going forward.  LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Less than threshold for explanation	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	
<b>PROJECTION:</b>							
Total Projected Medicaid/HMP CCBHC Revenue	21,235,992	23,193,915	9,197,728	8,528,576	11,653,450	1,440,831	75,215,047
Total CCBHC Expense Projections	27,029,700	26,016,953	8,770,290	7,890,392	11,653,450	84,236	81,445,021
Projected CCBHC Surplus (Deficit)	(5,793,708)	(2,823,038)	427,438	638,184	-	1,356,595	(6,229,974)
% Variance	-27.28%	-12.17%	4.65%	7.48%	0.00%	94.15%	
<b>Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)</b>	See note above.  LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year.  LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus.  LRE Note: Surplus is retained by the CCBHC and not the PIHP.	CCBHC service reporting is slightly behind, surplus should decline going forward.  LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Less than threshold for explanation	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	
<b>PROPOSED SPENDING PLAN:</b>							
Submitted to the LRE as of:	11/1/2023	9/22/2023	6/7/2024	5/9/2024	11/3/2023		
Total Budgeted Medicaid/HMP CCBHC Revenue	17,933,215	33,799,561	8,962,199	8,523,464	11,653,450	1,440,831	82,312,720
Total Budgeted CCBHC Expense	22,785,723	26,781,753	8,194,559	8,440,000	11,653,450	84,236	77,939,720
Budgeted Surplus (Deficit)	(4,852,508)	7,017,808	767,640	83,464	-	1,356,595	4,373,000
% Variance	-27.08%	20.76%	8.57%	0.98%	0.00%	94.15%	
<b>Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)</b>	HW is working diligently on an updated spending plan.	In the spending plan, Network180 was anticipating faster DCO growth (before the requirement that 51% of the services have to be done by the CMH directly, effective for 2025).	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus.	Less than threshold for explanation	Less than threshold for explanation	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	
<b>Variance between CCBHC Projected and Proposed Spending Plan</b>							
	(941,201)	(9,840,845)	(340,203)	554,720	-	-	(10,602,975)
% Variance	-5.25%	-29.12%	-3.80%	6.51%	0.00%	0.00%	
<b>Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)</b>	HW is working diligently on an updated spending plan.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year.	Change in projected surplus from spending plan is due to more services being categorized as CCBHC than budgeted.	CCBHC service reporting is slightly behind, surplus should decline going forward.  LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Less than threshold for explanation	Less than threshold for explanation	



Lakeshore Regional Entity  
 FY2024 FSR Monthly Comparison of Surplus/(Deficit)

Actual	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change
HW	1,026,730	3,107,460	2,080,730	5,579,467	2,472,007	3,199,392	(2,380,075)	3,605,190	405,798	3,645,112	39,922	4,121,059	475,947
N180	165,809	759,302	593,493	289,272	(470,030)	204,160	(85,112)	1,333,301	(1,982,073)	(4,556,100)	(2,778,187)	(7,040,896)	(2,484,796)
OHPoint	358,611	925,043	566,432	1,450,703	525,660	2,032,241	581,538	1,333,301	(698,940)	2,074,950	741,649	1,529,935	(545,015)
Ottawa	3,447,859	4,673,590	1,225,731	2,874,179	(1,799,411)	3,822,418	948,239	3,032,139	(790,280)	2,997,878	(34,261)	3,674,280	676,402
WMM	146,548	323,797	177,249	196,638	(127,159)	221,256	24,618	263,777	42,521	(194,679)	(458,456)	(252,186)	(57,507)
Total	5,145,557	9,789,192	4,643,635	10,390,259	601,067	9,479,467	(910,792)	6,456,493	(3,022,974)	3,967,160	(2,489,333)	2,032,192	(1,934,969)
Projection	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change
HW	4,668,224	3,624,722	(1,043,502)	2,921,274	(703,448)	2,243,222	(678,052)	1,896,615	(346,607)	487,028	(1,409,587)	1,014,668	527,640
N180	(6,972,029)	(22,055,426)	(15,083,397)	(17,050,789)	5,004,637	(19,607,308)	(2,556,519)	(15,887,604)	3,719,704	(16,512,771)	(625,167)	(15,000,462)	1,512,308
OHPoint	8,048	(477,886)	(485,934)	708,344	1,786,230	(1,37,133)	(845,477)	1,502,157	1,639,290	1,502,157	-	1,099,597	(402,560)
Ottawa	(595,855)	388,401	984,256	931,628	543,227	(403,186)	(1,334,814)	(281,286)	121,900	(2,110,937)	(1,829,657)	(1,400,740)	710,197
WMM	467	(264,270)	(264,737)	(584,357)	(320,087)	(836,946)	(252,589)	(480,749)	356,797	(480,749)	-	(217,496)	263,253
Total	(2,891,145)	(18,784,459)	(15,893,314)	(13,073,900)	5,770,559	(18,741,351)	(5,667,451)	(13,250,867)	5,490,484	(17,115,272)	(3,864,405)	(14,504,433)	2,670,839
Proposed Spending Plan/Budget	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change
HW	4,668,225	4,668,225	-	4,668,225	-	4,668,225	(0)	4,668,225	-	4,668,225	-	4,668,225	-
N180	(6,972,029)	(6,972,029)	-	(6,972,029)	-	(6,972,029)	0	(6,972,029)	-	(6,972,029)	-	(6,972,029)	-
OHPoint	8,048	8,048	-	8,048	0	8,048	0	8,048	-	8,048	-	1,099,598	1,091,550
Ottawa	79,645	79,645	-	79,645	-	79,645	-	79,645	-	(28,840)	(108,485)	(28,840)	-
WMM	467	467	-	467	-	467	-	467	-	467	0	467	-
Total	(2,215,644)	(2,215,644)	-	(2,215,644)	-	(2,215,644)	(0)	(2,215,644)	-	(2,324,129)	(108,485)	(1,232,579)	1,091,550

Base Capitation Only. Does not include CCBHC activity.

**Lakeshore Regional Entity  
 FY2024 FSR Monthly Comparison of Surplus/(Deficit) Detail  
 (Excluding CCBHC)**

	HealthWest	Network 180	OnPoint	Ottawa	West Michigan	Total
<b>ACTUAL:</b>						
Distributed Medicaid/HMP	1,661,321	(3,661,639)	432,164	3,045,790	(1,332,845)	144,790
Medicaid/HMP	2,459,738	(3,379,257)	1,097,771	628,490	1,080,659	1,887,401
Autism						
Total Distributed Medicaid/HMP Revenue	4,121,059	(7,040,896)	1,529,935	3,674,280	(252,186)	2,032,192
<b>PROJECTION:</b>						
Distributed Medicaid/HMP						
Medicaid/HMP	(2,393,880)	(11,000,837)	(1,424,279)	(1,339,313)	(1,648,244)	(17,806,554)
Autism	3,408,548	(3,999,625)	2,523,876	(61,427)	1,430,748	3,302,120
Total Distributed Medicaid/HMP Revenue	1,014,668	(15,000,462)	1,099,597	(1,400,740)	(217,496)	(14,504,433)